PATENT

ATTORNEY DOCKET NO: COR185-05

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD FOR AMORTIZING AUTHENTICATION OVERHEAD

the specif	fication of which is a	ttached hereto unless th	e following box is checked			
	was filed on		as Application Serial No).		
_	or PCT Application	n No.	and was amended on			
	(if applicable).					
		nave reviewed and under ded by any amendment	rstand the contents of the above referred to above.	e-identified sp	ecification,	
	acknowledge the du on in accordance with		on which is material to the exa	amination of th	nis	
application designate foreign a	on(s) for patent or ind d at least one countrepplication for patent	ventor's certificate, or § y other than the United	r 35 U.S.C. §119(a)-(d) or §3 365(a) of any PCT internation States, listed below and have a or PCT International applicat med:	nal application also identified	which below any	
		Prior Foreign/I	PCT APPLICATION(S)			
APPL	ICATION NO.	COUNTRY	DATE OF FILING	PRIORITY CLAIMED		
_				□ YES	NO □	
				- □ YES	NO □	
listed bele		enefit under 35 U.S.C. §	§119(e) of any United States p	rovisional app	lication(s)	
PROVISIONAL APPLICATION NUMBER					DATE OF FILING	
60/230,319					September 6, 2000	
60/230,301					September 6, 2000	



Application Serial No.



Patented

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120

Date of Filing

Status (check one)

Abandoned

Pending

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		П		
And I hereby appoint Rober No. 39,549; Eric A. Dichter, Regis attorneys or agents with full power of business in the Patent and Trademark	f substitution and revocation, to pro	Rudoler,	Registration N	No. 45,059, my
Address all correspondence Philadelphia, Pennsylvania 19103-2 (telefax: (215) 405-2521).	to Wolf, Block, Schorr & Solis-Co 097. Address all telephone calls to			
I hereby declare that all stat made on information and belief are knowledge that willful false stateme under Section 1001 of Title 18 of the the validity of the application or any	nts and the like so made are punisle. United States Code, and that such	at these sta	atements were ne or impriso	made with the ment, or both,
FULL NAME OF SOLE OR FIRS	T INVENTOR		<u> </u>	
BABAK			REZVAN	NI
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(,	FAMILY OR LAST	T NAME)
Inventor's signature:	Balak Kyin			
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FULL NAME OF SECOND JOINT INVENTOR, IF ANY **JACK CHEN** (MIDDLE INITIAL OR NAME) (GIVEN NAME) (FAMILY OR LAST NAME) **Inventor's signature:** Date: Country of Citizenship: United States of America Residence: **Astoria** NY (City) (State or Foreign Country) Post Office Address: 27-12 Crescent Street Astoria, NY 11102 FULL NAME OF THIRD JOINT INVENTOR, IF ANY (MIDDLE INITIAL OR NAME) (GIVEN NAME) (FAMILY OR LAST NAME) **Inventor's signature:** Date: **Country of Citizenship:** Residence: (State or Foreign Country) (City) Post Office Address: FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) **Inventor's signature:** Date: Country of Citizenship: Residence: (City) (State or Foreign Country)

Post Office Address: